

Riverfront Children's Center Financial Aid Application

The information you provide on this form will be kept confidential. The Riverfront Children's Center is committed to providing quality childcare at an affordable rate. This application will be evaluated and financial aid will be awarded based on funds available. Financial Aid may be changed at any time depending on agency funding.

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I have completed this application for financial aid and declare that, to the best of my knowledge and belief, the information I have provided is true and correct. It is a true and complete statement of all income, assets, or resources belonging to me or to any member of my immediate family.

I agree to notify the Assistant Director of the Riverfront Children's Center of any change to income or resources.

Signature of Parent/Guardian _____
Date _____

Please submit application to the Assistant Director.

DO NOT WRITE BELOW THIS LINE

Date Rec'd _____ Reviewed by _____

Documentation - Complete Incomplete

Number in Family _____ Total Household Income _____

Level of Financial Aid Awarded _____

Sources of Financial Aid _____

Effective Period of Financial Aid _____ to _____

Approved By _____ Date _____

All questions must be answered – incomplete applications will not be considered.

Applicant Information

Name(s) of Child(ren)

Name(s) of Custodial Parent(s) or Guardian(s)

Address of Custodial Parent(s)/Guardian(s)

Home Phone _____ Work Phone _____

Household Information

1. Marital Status

Single Divorced Married Other

2. Names of all children in household

Age & Social Security Number

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Number of other persons in the household that you support: _____

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

Employment Information

1. Name and Address of Employer

Position _____ Hours Per Week _____ Rate _____

Annual Gross Income _____

2. Is your spouse or significant other employed? Yes No

If yes –

Name and Address of Employer

Position _____ Hours Per Week _____ Rate _____

Annual Gross Income _____

3. Household Additional Income – this includes other employment, unemployment compensation, disability, workman’s compensation, etc.)

Military Only

Allowance for Living Expenses _____

Military Housing Yes No

Other Monthly Income

Alimony	\$
Food Stamps	\$
Child Support	\$
Stocks/Bonds	\$
AFDC	\$
General Assets	\$
Child Social Security Benefits	\$
Rental Income	\$
TFA	\$

Please use the space provided below to explain any unusual or extenuating circumstances that are affecting you and your family financially.

**Please attach the most recent copy of your IRS tax form and current pay stubs.
Applications will not be considered without the above proof of income.**